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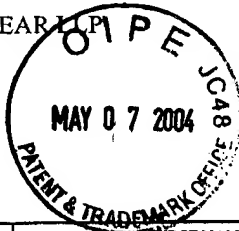
Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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20995 7590 02/05/2004

KNOBBE MARTENS OLSON & BEAR
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Rose M. Thiessen (Depositor's name)
 (Signature)
 May 3, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/447,227	11/22/1999	MARK C. SHULTS	MARKWELL-040	3546

TITLE OF INVENTION: DEVICE AND METHOD FOR DETERMINING ANALYTE LEVELS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	05/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NASSER, ROBERT L	3736	600-347000

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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Knobbe Martens
 2 Olson & Bear LLP
 3 _____

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DexCom, Inc.

San Diego, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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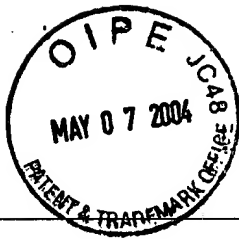
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05/10/2004 BSAYAS12 00000083 09447227

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PATENT

Case Docket No. DEXCOM.008DV1

Date: May 3, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shults, et al.
Appl. No. : 09/447227
Filed : November 22, 1999
For : DEVICE AND METHOD FOR
DETERMINING ANALYTE
LEVELS
Group Art Unit : 3736
Class/Sub-Class : 600-347000
Examiner : Nasser, Robert L.

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May 3, 2004

(Date)

Rose M. Thiessen, Reg. No. 40,202


TRANSMITTAL LETTER

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P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

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- (X) A check in the amount of \$695 to cover the issue fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.


Rose M. Thiessen
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Attorney of Record
Customer No. 20,995
(619) 235-8550